SAMPLE
SERVICE PLAN

Staff and Client sign below whenever the plan is implemented, reviewed or revised.				
Date	Staff	Date	(Client) I have had input into this plan and I agree with this plan.	

Diagnosis(es)

Axis:	Code		Description
I			
I			
II			
III			
IV			
V			

Supports & Strengths

Date:		Date:	

Preferences

Date:		Date:	

Needs

Date:		Date:	

Service Plan: ASAM Dimension I	Services/Interventions		Outcome
ACUTE INTOXICATION/ WITHDRAWL POTENTIAL			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Service Plan: ASAM Dimension II	Services/Interventions		Outcome
BIOMEDICAL CONDITIONS AND COMPLICATIONS			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Service Plan: ASAM Dimension III	Services/Interventions		Outcome
EMOTIONAL/BEHAVIORAL OR CONGNITIVE CONDITIONS AND COMPLICATIONS			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Status Code: Achieved (A)   Continue (C)   Revise (R)

Service Plan: ASAM Dimension IV	Services/Interventions		Outcome
READINESS TO CHANGE			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Service Plan: ASAM Dimension V	Services/Interventions		Outcome
RELAPSE/CONTINUED USE POTENTIAL			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Service Plan: ASAM Dimension VI	Services/Interventions		Outcome
RECOVERY ENVIRONMENT			
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome

Status Code: Achieved (A)   Continue (C)   Revise (R)